## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10665146

|   |  |   | 10003110                              |                               |                              |                  |              |                   |                        |                           |                            |                        |  |
|---|--|---|---------------------------------------|-------------------------------|------------------------------|------------------|--------------|-------------------|------------------------|---------------------------|----------------------------|------------------------|--|
|   |  | CLAIMS AS                                 | S FILED -<br>(Column                  |                               | (Column 2)                   |                  |              | SMALL ENTITY TYPE |                        | OR                        | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 16                                    |                               |                              | :                |              | RATE              | FEE                    |                           | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED                          |                               | NUMBER EXTRA                 |                  |              | BASIC FEE         | 375.00                 | OR                        | BASIC FEE                  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /6 minus 20=                          |                               | *                            |                  |              | X\$ 9=            |                        | OR                        | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | // minus 3 = *                        |                               |                              | 1                |              | X42=              |                        | OR                        | X84=                       | 84                     |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT                                |                               | <u> </u>                     |                  |              |                   |                        |                           |                            | 8-1                    |  |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                              |                  |              | +140=             |                        | OF                        | +280=                      | 20:                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                               |                              |                  |              | TOTAL             |                        | OR                        | TOTAL                      | 334                    |  |
|   | Ci   | (Column 1)                                | (Column 2) (Column 3)                 |                               |                              |                  | SMALL ENTITY |                   |                        | OTHER THAN R SMALL ENTITY |                            |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL<br>FEE |                           | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                            |                              | =                |              | X\$ 9=            |                        | OR                        | X\$18=                     |                        |  |
|   | Independent  | *   | Minus                                 | ***                           |                              | =                |              | X42=              |                        | OR                        | X84=                       |                        |  |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                            | PENDEN                        | T CLAIM                      |                  | 1            | +140=             |                        | OR                        | +280=                      |                        |  |
| TOTAL ADDIT ESE   |  |   |                                       |                               |                              |                  |              |                   |                        |                           | TOTAL<br>ADDIT, FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                               |                              |                  |              |                   |                        |                           | ADDIT, PEE                 |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL<br>FEE |                           | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                            |                              | =                |              | X\$ 9=            |                        | OR                        | X\$18=                     |                        |  |
|   | Independent  | *   | Minus                                 | ***                           |                              | ]=               |              | X42=              |                        | OR                        | X84=                       |                        |  |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                            | PENDEN                        | T CLAIM                      |                  | J            | +140=             |                        | OR                        | +280=                      |                        |  |
| TOTAL<br>ADDIT. FEE   |  |   |                                       |                               |                              |                  |              |                   | OR                     | TOTAL<br>ADDIT. FEE       |                            |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                               |                              |                  |              |                   |                        |                           |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE              | ADDI-<br>TIONAL<br>FEE |                           | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                            |                              | =                |              | X\$ 9=            |                        | OR                        | X\$18=                     |                        |  |
|   | Independent  | *   | Minus                                 | ***                           |                              | =                | 11           | X42=              |                        | OR                        | X84=                       |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                               |                              | 1                | L            | +140=             |                        |                           | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                               |                              |                  |              |                   |                        | OR                        | +280≅<br>TOTAL             |                        |  |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                               |                              |                  |              |                   |                        |                           |                            |                        |  |